

**INDIVIDUALIZED EDUCATION PROGRAM:
Linking Present Levels, Needs, Goals and Services Form
Form IEP: LF (Rev. 10/2015 Pilot)**

Name of Student:

WSN:

I. INFORMATION ABOUT THE STUDENT, INCLUDING PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

Information about the student, including strengths, effects of the disability / special factors, present level of academic achievement and functional performance, and any concerns must be considered when identifying the student's disability-related needs and developing goals and services to address those needs.

Parents are important members of the IEP team and are encouraged to share information throughout the process.

A. Strengths

Describe the student's strengths (*including academic skills, communication skills, social skills, interests, etc.*):

B. Impact / Effects of the Disability

Review the evaluation report for information about the student's disability and related needs. (ER-1)

1. How does the student's disability affect his or her access, involvement and progress in the general education curriculum? For preschool children, how does the disability affect participation in age-appropriate activities?
2. Does the student's disability adversely affect his or her progress toward meeting grade-level reading standards? For preschoolers, does the disability adversely affect progress toward the Wisconsin Model Early Learning Standards (WMELS) for language development, communication and/or early literacy?

☐ Yes☐ No

If yes, describe how (*Why is the student not reading at grade level?*):

The IEP must include a minimum of one goal to address the student's disability-related need that affects reading achievement or early literacy.

C. Current Academic Achievement and Functional Performance

Academic achievement generally refers to a student's performance in academic content areas (e.g., reading, math, written language, etc.). For preschool children, academic achievement generally refers to knowledge and skills such as early language development/communication, early literacy, cognition and general knowledge. Academic achievement statements must include information from state or district-wide assessments, rubrics, screeners or other tools to measure student progress or achievement compared to established grade-level benchmarks or performance standards/expectations. Refer to the Review of Existing Data and Evaluation Report.

1. Describe the student's present level of academic achievement (*including reading achievement*). For preschool children, describe the child's acquisition and use of knowledge and skills (*including early literacy*):

Functional performance includes activities and nonacademic skills needed for independence and performance at school, in the home, in the community, for leisure time, and for post-secondary and lifelong learning. Some examples include: activities of everyday living, school/work/play habits, and social-emotional behavior.

2. Describe the student's present level of functional performance (*including impact on reading achievement or early literacy*):

D. Special Factors

1. Does the student's behavior impede his/her learning or that of others?

☐ Yes ☐ No

If yes, describe how:

Include in the Program Summary the services, including positive behavioral interventions, strategies, and supports, to address the behavior.

2. Is the student an English Language Learner?

☐ Yes ☐ No

If yes, describe the language learning needs:

3. In the case of a child who is blind or visually impaired, does the student need instruction in Braille or the use of Braille?

☐ Yes Describe needs, including Braille needs:

☐ No (Attach *Determining Braille Needs* (ER-3) from the latest evaluation/reevaluation.)

☐ Cannot be determined at this time (Attach *Determining Braille Needs* (ER-3) from the latest evaluation/reevaluation.)

4. Does the student have communication needs that could impede his/her learning?

☐ Yes ☐ No

If yes, describe the communication needs including (a) the student's language; (b) opportunities for direct communication with peers and professional personnel in the student's language and communication mode; and, (c) academic level and full range of needs including opportunities for direct instruction in the student's language and communicative mode:

5. Does the student need assistive technology services or devices, including any services or devices needed to assist with reading?

☐ Yes ☐ No

If yes, describe the needs:

Specify in the Program Summary particular device(s) and service(s) to meet the needs.

E. Concerns of the Parents/Family

1. Describe the concerns of the parents/family for enhancing the education of the student, including concerns about reading achievement or early language/communication or early literacy skills, if any:

2. Describe the concerns (if any) of the student for enhancing his or her education:

F. Disability-Related Needs

Each identified disability-related need **must** have at least one corresponding goal and service to address the need. A goal or service may address more than one need. Services include special education, related services, supplementary aids and services, or program modifications or supports for school personnel.

List and number the needs. Include reading needs, or early literacy needs, and needs due to special factors, if identified. Reference numbered needs in the measurable annual goal statements.

II. MEASURABLE ANNUAL GOALS**A. Participation in Statewide Assessments** *Choose one of the following:*

☐ The student participates full-time in general education curriculum and assessments aligned with the general education standards that apply to all students, or for preschoolers, in age-appropriate activities aligned with Wisconsin Model Early Learning Standards (WMELS).

OR

☐ The student participates in curriculum and assessment aligned with alternate academic achievement standards.

See Participation Guidelines for Alternate Assessment Form I-7-A. If this box is checked, include benchmarks or short-term objectives with the Measurable Annual Goals.

B. Before developing annual goals, review the previous IEP goals and progress.

Upon review: ☐ Goals met ☐ Goals not met ☐ N/A

List goal(s) not met (or N/A)	How will the IEP be revised to address lack of sufficient progress, if applicable? Document recommendations. Which goals and services in this IEP will address lack of sufficient progress?

C. Measurable Annual Goals (Completed this section for each goal)

Develop / revise one or more measurable annual academic or functional goal to:

- address any lack of expected progress toward the annual goals, if appropriate,
- address the unique needs of the student that result from the student's disability (*see section I.F. above*),
- enable the student to progress toward grade-level reading standards, or for preschoolers, WMELS for language development, communication and early literacy.
- enable the student to be involved in and progress in the general education curriculum and
- enable the student to be educated and participate with nondisabled students.

If the IEP team determines the student's disability has an adverse affect on reading achievement, the IEP must include a minimum of one goal to address the student's disability-related need.

(Change goal # for each goal added. Complete sections a. through f. for each goal.)

Goal #

Goal Statement:

- a. Baseline (*Student's current level of performance from which progress toward this goal will be measured*):
- b. Level of Attainment (*Must relate to baseline measurement and reflect progress*):
- c. Benchmarks or Short-Term Objectives (*Required if student participates in curriculum and assessment aligned with alternate academic achievement standards.*): ☐ N/A
- d. Annual goal addresses disability-related need(s) # _____ of the student. (*Needs identified in Section I.F.*).
- e. Procedures for measuring the student's progress toward meeting the annual goal:
(*Procedures must allow for measurement of growth from baseline to level of attainment*).
- f. When will reports about the student's progress toward meeting the annual goal be provided to parents?

g. Review of Annual Goal

Date of review	Is student making sufficient progress to meet the goal in the desired timeline?	Basis for this decision (<i>e.g. summary of progress data</i>)	Factors affecting lack of progress and how to address
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		

D. Family Engagement

How will school staff engage parents / families in the education of the student (if applicable)?

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III. STUDENT PARTICIPATION**A. Participation in Regular Education** (*location/environment*)

- ☐ The student will participate full-time with non-disabled peers in regular education environment, or for preschoolers, in age-appropriate settings.
- ☐ The student will not participate full-time with non-disabled peers in regular education environment, or for preschoolers, in age-appropriate settings.

If you have indicated a location other than regular education classes or age-appropriate settings in the case of a preschooler in the Program Summary, you must check this box and answer questions 1 and 2 below.

1. Describe the extent, if any, to which the student will not participate with non-disabled students in the regular education classroom, or age-appropriate settings in the case of a preschooler, including extracurricular and nonacademic activities:
2. Explain why full-time participation with non-disabled peers is not appropriate, or in the case of a preschooler, participation in age-appropriate settings:

List under Program Summary (Section IV.) any supplementary aids and services needed for the student to participate in the regular education environment, including extracurricular and nonacademic activities.

3. Participation in Physical Education

- ☐ Regular Physical Education
- ☐ Specially Designed Physical Education (*Must include a goal and services.*)

Projected beginning and ending date(s) of IEP services & modifications from to .

IV. PROGRAM SUMMARY Include a statement for each of A, B, C and D below to allow the student to (1) access, be involved in and make progress in the general education curriculum; (2) be educated and participate with other students with and without disabilities to the extent appropriate, (3) participate in extracurricular and other nonacademic activities, and (4) advance appropriately toward attaining the annual IEP goals. Include frequency, amount, location, & duration (if different from projected IEP beginning and ending dates). The services must be stated in the IEP so the level of the LEA's commitment of resources is clear to the parents and other IEP team members. At least one special education service must be included; other services are required, if needed.

A. Supplementary Aids and Services

Aids, services, and other supports that are provided in regular education, other educational settings, and in extracurricular and nonacademic settings, to enable students with disabilities to be educated with nondisabled children to the maximum extent appropriate. The amount of time specified for each service must be appropriate to the service and stated in a manner that can be

understood by all involved in developing and implementing the IEP.

Describe: <input type="checkbox"/> None	Frequency	Amount	Location	Duration	Addresses Goal(s) #
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B. Special Education / Specially Designed Instruction

Adapting, as appropriate to the needs of an eligible student, the content, methodology, or delivery of instruction to address the unique needs of the student that result from the student's disability; and ensure access of the student to the general curriculum, so the student can meet the educational standards of the public agency that apply to all students.

Describe:	Frequency	Amount	Location	Duration	Addresses Goal(s) #
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C. Related Services Needed to Benefit from Special Education ☐ None needed

<input type="checkbox"/> Assistive Technology	Frequency	Amount	Location	Duration	Addresses Goal(s) #
<input type="checkbox"/> Audiology					
<input type="checkbox"/> Counseling					
<input type="checkbox"/> Educational Interpreting					
<input type="checkbox"/> Medical Services for Diagnosis and Evaluation					
<input type="checkbox"/> Occupational Therapy					
<input type="checkbox"/> Orientation and Mobility (For students with Visual Impairments)					
<input type="checkbox"/> Physical Therapy					
<input type="checkbox"/> Psychological Services					
<input type="checkbox"/> Recreation					
<input type="checkbox"/> Rehabilitation Counseling Services					
<input type="checkbox"/> School Health Services					
<input type="checkbox"/> School Nurse Services					
<input type="checkbox"/> School Social Work Services					
<input type="checkbox"/> Speech / Language					
<input type="checkbox"/> Transportation					
<input type="checkbox"/> Other: specify					

D. Program Modifications or Supports for School Personnel

Describe:

<input type="checkbox"/> None	Frequency	Amount	Location	Duration	Addresses Goal(s) #
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